



APPLICATION REQUEST FOR A HOME HEALTH AGENCY



This letter is to assist you in preparing a home health agency (HHA) licensing and/or certification (for Medi-Cal Title 19 and/or Medicare Title 18 reimbursement) application package to the California Department of Public Health (CDPH) Licensing and Certification (L&C) Program for:

- Initial application for a parent home health agency (HHA); or
- Initial Application for a “branch” HHA; or
- Change of ownership (CHOW) package for a HHA.

A state license is required to operate a HHA in California, which is defined as:

HHA means “a private or public organization, including but not limited to, any partnership, corporation, political subdivision of the state, or other government agency within the state, which provides, or arranges for the provision of, skilled nursing services, to persons in their temporary or permanent place of residence.”

An application is required for: (1) a new (initial) HHA facility (whether it is a parent or a branch of a parent), and (2) within **10 working days** whenever a CHOW occurs, per Section 74667 of Title 22 of the California Code of Regulations (CCR). A CHOW is the only “change” requiring a new application to be submitted to L&C, per Section 74667 of Title 22 of the CCR. All other changes must be reported within **10 days** and does not require submittal of a new application package.

For your convenience, the [attached checklist](#) has instructions to complete the forms required for licensing and certification of a HHA. The [checklist](#) provides specific item numbers that applicants typically have encountered problems in submitting incorrect or missing information. Please make sure that all item numbers in each form are completely filled out. For example: (1) the applicant’s formal name must be consistently the same throughout all the documents in the application package; or (2) in some instances, a specific attachment may need to be submitted with a specific form.

Please read each required application package form carefully and provide all requested supplemental documents. **DO NOT LEAVE ANY ITEMS BLANK.**

NOTE: If a question does not apply, please respond with “Not Applicable” or “N.A.”.

Do not make changes to these forms. Do not use white out/correction fluid to make corrections. To correct an error, place a single line through the entry and enter the correct information. The individual responsible for making the correction must initial and date the correction. You should retain a photocopy of the completed documents for your files. We may need to contact you in the future and we will be referring to the information in the documents you provided.



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Copies of all **service contracts** that have been prepared (when specific services offered by the agency are not provided by employees) must also be submitted with your application package.

For HHAs that are deemed by either the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Community Health Accreditation Program (CHAP), or any other **accreditation** body approved by the Centers for Medicare and Medicaid Services and submitting a CHOW, substantiation is required that the HHA has deemed status.

In addition, a check or money order, made payable to the "**California Department of Public Health**", for the licensing fee, determined pursuant to Section 1266 of the Health and Safety Code (H&S), must accompany the required forms before your application will be processed. The licensing fees change annually; therefore please check the current licensing fee for a HHA which is posted on the L&C website at:

<http://www.cdph.ca.gov/pubsforms/forms/Pages/HealthFacilities.aspx>

The application fee will NOT be returned if the application is withdrawn or denied, pursuant to Section 1729 of the H&S Code

The application package review process will consider the licensee's and board members' prior compliance history of all facilities operated by those individuals in California and nationally. The applicant and associates must demonstrate substantial compliance with state and federal requirements for all facilities that they operate.

Failure to demonstrate substantial compliance historically may result in the denial of your application package. You will be notified in writing of L&C intent to deny the application.

All completed HHA **application packages must be submitted to the local L&C district office**. The district office will review the application package for completion. A list of district offices and appropriate contacts are located on the L&C website at:

<http://www.cdph.ca.gov/certlic/facilities/Pages/LCDistrictOffices.aspx>



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Please NOTE the following:

1. There are some differences between documents required for a CHOW, and “initial” applications that are noted on the [checklist](#).
2. An initial survey is part of the application process for “new” HHA applications.
3. The initial survey is a scheduled survey conducted by L&C district offices in the facility.
4. If your agency wants to provide services to **Medicare beneficiaries** (under Title 18) or **Medi-Cal beneficiaries** (under Title 19), you will need an additional **certification survey** that is unannounced and conducted by one of our L&C district offices.
5. Once you have had your initial licensing survey, you need to notify the L&C district office that you are ready and prepared to have an initial certification survey.
6. In addition you must be in compliance with state licensing laws and federal conditions of participation.

The district office will notify you when the application has been approved and will schedule an initial licensing survey. NOTE: YOU MUST BE READY FOR THE INITIAL LICENSING SURVEY UPON NOTIFICATION. It is L&C’s policy that, except in unusual circumstance, only one inspection visit will be made. Failure of the facility to be in substantial compliance, at the time of the visit, will result in the “denial” of the application. Any further activity regarding your requires, after such denial, will require a new application, and license fee.

PLEASE NOTE: A license will not be issued until both the application is approve and, if required, a successful licensing survey is conducted.

If you have any questions, please contact your local district office administrator located on the district office L&C website listed above.

Sincerely,

ORIGINAL SIGNED BY:

Anna Ramirez, Chief
Field Operations Branch – Region



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		The following is a quick reference of <u>SOME</u> of the questions found on the required forms. It includes the form number, name of form, and an explanation of <u>SPECIFIC</u> requirements and/or attachments needed for specific forms. This is <u>NOT</u> an all-inclusive list of the questions that need to be answered so read the questions and instructions on each form.	
LICENSURE HOME HEALTH AGENCIES Includes the forms and information to be "licensed"			
HS 200		Licensing & Certification Application (Title 22, Sections 74661 and 74665) Also need to complete for BRANCH OFFICES (Title 22, Sections 74675(a)(1)(C) & 74609) NOTE: Please read the instructions on the HS 200 form prior to completion of the form. Also, pay close attention to the following:	
	A.8. thru A.10.	Bed capacity, age range of clients, and days and hours of operation. These items do NOT apply to HHAs.	N/A
	A.11.	Construction. This does NOT apply to HHAs since there are no patients in the building.	N/A
	B.1.	Licensee's name. The licensee's formal organization name must be consistent throughout all documents.	
	B.2.	Nonprofit. SUBMIT a copy of Internal Revenue Service letter of determination status if the home health agency is a nonprofit entity.	
	B.3.	Owner type. SUBMIT an organization chart/flow chart if the owner is a profit or nonprofit corporation, limited liability company (LLC), or general partnership [Title 22, Section 74661(a)(7)]. The organization chart needs to display the following: <ul style="list-style-type: none"> • Applicant's owners/officers • All facilities the applicant is involved with • Parent company of applicant, if applicable, and all of their facilities – see B.6 	
	B.5.a.	Licensee's "other" Facility Involvement. Answer all aspects of the question.	
	B.5.b.	Revocation, suspension, etc. action. If applicable to the licensee, SUBMIT the information requested.	
	B.6.	Subsidiary information. If there is a "subsidiary" (parent company) SUBMIT: <ul style="list-style-type: none"> • An organization chart with the parent company name and tax ID number • A listing of all owners/officers of the parent company • A listing of all facilities the parent company is involved with 	



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	C.1.a.	Management Company. This question <u>does not</u> apply to home health agencies.	N/A
	C.1.b.	“Interim” Management Company Agreement. <ul style="list-style-type: none"> If there is an “interim” Management Company Agreement, between the current and the prospective licensee, SUBMIT a signed and dated copy of any Agreement. The Agreement must state the current licensee still has responsibility for the facility. The interim management company agreement is also addressed under “Change of Ownership” (CHOW) requirements on page 7 of these instructions.	Also see CHOW on page 7 of this letter
	C.2.	Name of “proposed” and “current” facility. Enter both facility names if this is a CHOW.	
	C.6.a.	Name of Administrator and date of hire. <ul style="list-style-type: none"> SUBMIT a “Board Resolution” showing that the Administrator was appointed by the Governing Body (Title 22, Section 74613). SUBMIT the HS 215A form for the Administrator of the home health agency. 	
	C.7.	Ownership. <ul style="list-style-type: none"> List all persons having 5% or more ownership, unless “nonprofit”. SUBMIT the HS 215A form for each of these persons. 	
	C.8.	Financial resources. This question on the HS 200 form does NOT apply to HHAs (only skilled nursing and intermediate care facilities). However, the HHA will need proof of sufficient financial responsibility as may be necessary to operate the agency (Title 22, Section 74661 (a)(6)). Refer to the CMS 855A form, which requires this “ capitalization ” information.	See CMS 855A
	C.9. & 10.	Over-concentration and Program Plan. These do NOT apply to HHAs.	N/A
	D.1. & 2.	Property ownership. SUBMIT a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed licensee [Title 22, Section 74661(a)(3)].	
	F.1.	Signature. Original “signature” is required and MUST be signed by the LICENSEE (not the Administrator).	
	Attach E-1	Management Company Information. Attachment E-1 <u>does not</u> apply to home health agencies.	N/A

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HS 215A		Applicant Individual Information (Title 22, Sections 74661(a)(5) & 74665) NOTE: Please read the instructions on the HS 215A form prior to completion of the form. This form must be completed for the following persons with ORIGINAL signatures	
		<ul style="list-style-type: none"> • Administrator of the facility • Board members, directors, partners, and corporate officers of the applicant organization and parent organization • Each person having a beneficial interest of 5% or more in the applicant organization and parent organization • LLC managers and members • Partners 	
	Signature	Signature. Original "signature" is required.	
	Facility Information Sheet	Facility Information Sheet. Each individual must complete and SUBMIT the "Facility Information Sheet" for each facility/agency with which they have a <u>current</u> or <u>past</u> relationship (going back 3 years). The facility name; address; type of facility; type of business entity; and the person's <u>nature</u> and their <u>dates of involvement</u> MUST be completed for each facility. This Sheet must also include any facilities licensed by the California Department of Social Services [Title 22, Section 74665(d)].	
HS 309 1 st page		Administrative Organization (Title 22, Section 74661)	
	2.	Administrator of Corporation or LLC – usually the CEO/President.	
	3. thru 7.	Corporations need to SUBMIT: <ul style="list-style-type: none"> • A copy of the Filing Statement from Secretary of State • Copy of all Articles of Incorporation • Copy of By-Laws 	
	9.	Governing Board of Directors. SUBMIT the HS 215A form for each person listed under this item.	
	10.	Board Officers. SUBMIT the HS 215A form for each person listed under this item.	
HS 309 2 nd page		Organizational Structure	
	1.	California Out-of-State Corporations, LLC, etc. SUBMIT a copy of the Certificate of Qualification from the California Secretary of State.	
	3. & 4.	Public Agency. SUBMIT a copy of the Resolution.	



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	5.	Item 5 Corporations and Partnerships need to complete Item 5.	
	Bottom of page	Partnerships need to SUBMIT: <ul style="list-style-type: none"> • A copy of the Partnership Agreement • Copy of the California Secretary of State filing 	
	Bottom of page	Limited Liability Companies (LLC) will need to SUBMIT: <ul style="list-style-type: none"> • Copy of Filing Statement from the Secretary of State • Copy of Articles of Organization • Copy of Operating Agreement • List of Members / Holders / Officers / Managers 	
DHCS 1051		Civil Rights Compliance Review	
		Send directly to Office of Civil Rights – address is on last page of the form.	
None		HHA Accreditation	
		SUBMIT proof of HHA Accreditation from JCAHO or CHAO (H&S Code, Section 1728.7).	
None		Service Contracts	
		SUBMIT copies of all signed “Service Contract Agreements” which are necessary when services offered by the HHA are not provided by employees [Title 22, Section 74719(c)].	
None		Change of Ownership	
		<ul style="list-style-type: none"> • SUBMIT all of the forms required for an “initial” application, listed above, plus the following [Title 22, Section 74731(g)]. • Signed and dated copy of any “interim” Management Agreement. Refer to the HS 200 form, Item C.1.b. • A letter from the prospective licensee to CDPH stating where the stored patient medical records will be maintained, and that the records will be made available to the previous licensee. 	
CERTIFICATION HOME HEALTH AGENCIES Includes the forms and information to be “certified” with Medi-Cal and/or Medicare			
HS 328		Notice – Effective Date of Provider Agreement	



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DHCS 9098	Medi-Cal Provider Agreement		
		Do not leave any questions blank. Enter N/A if not applicable. Signature page (page 9) must be notarized.	
CMS 855A	Medicare General Enrollment Health Care Provider/Supplier Application		
		<ul style="list-style-type: none"> • This form is from the Federal Department of Health and Human Services. • Capitalization: Part of the instructions on the CMS 855A form require that all HHAs and HHA sub-units must include support that they have sufficient initial reserve operating funds (capitalization) to operate for the first three months in the Medicare and/or Medi-Cal program. Factors to be considered are geographic location; number of visits; type of HHA or HHA sub-unit; and business structure. Refer to the CMS 855A form and SUBMIT all required information as required below. • The completed form should be mailed directly to the appropriate Fiscal Intermediary. 	
CMS 1561	Health Insurance Benefit Agreement		
		<ul style="list-style-type: none"> • SUBMIT Two (2) signed copies with "original" signatures. • Initial Application: Sign the top signature block entitled "Accepted for the Provider of Services By." • Change of Ownership: Sign the bottom signature block entitled "Accepted For The Successor Provider of Services By." 	
CMS 1572 Pages (a) & (b)	Home Health Agency Survey and Deficiency Report		
		Complete pages (a) and (b) as indicated on the form. The remaining pages will be completed during the survey. This form is also used for Branch Offices .	
HHS 690	Assurance of Compliance – submit two (2) copies plus:		
		<ul style="list-style-type: none"> • Civil Rights Information Request for Medicare Certification "Complete" and "sign" form (original signature). • SUBMIT required items for the items checked on the Civil Rights Information Request (above). 	